People First Missouri 4976 Farm Road 2030 Monett MO 65708 RECEIVED
2014 AUG 18 AM 9: 48
FEC MAIL CENTER

August 10, 2014

रियक्षेत्र सम्बद्धान

Federal Election Commission

999 E. St.: NW treatment and the next are supplied by the acceptance of the control of the properties. Washington: D.C. 204639

Dear Federal Election Commission

This committee intends to make unlimited independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

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Jonah Ragsdale

1926 Sant Abold 2000 -New Color May 60500

President, People First Missouri

1403-128-4377

FEC FORM 1

STATEMENT OF **ORGANIZATION**

DECEMPER

			Office Use Only			
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5 AUG 18 AM 9: 48			
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LEOPING PILLS	אואוטו כו כו ווויא דוונ	<u> </u>				
ADDRESS (number and street)	4.9.7.61 FRIEM	1 1R10121d1 121013101				
(Check if address is changed)						
	MONELTIT I		M ₁ 0 6,5,7,0,8 -			
COMMITTEE'S E-MAIL ADDRES	SS					
(Check if address is changed)	peropliefir	is, +M, i, s, s, 0, 47, i	@1911/1019 1			
	Optional Second E-Mail Ad	dress				
·	سيبينين					
COMMITTEE'S WEB PAGE ADI	ORESS (URL)					
(Check If address is changed)	peropliefin	151+MITISISIQUITI	, C, O, M			
1						
2. DATE 0 8 ' []	0 1 2 0 1 4					
3. FEC IDENTIFICATION NUMBER >						
f \$=#	7		•			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.						
Type or Print Name of Treasurer Thomas Younker						
Signature of Treasurer Thomas Joenher Date (08) 100 (2014)						
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	FFL. FLIBNI 1			

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5.	TYPE OF COMMITTEE						
	Candidate	Candidate Committee:					
	(a) U	This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	Name of Candidate						
	Candidate Party Affiliation	Office State Sought: House Senate President District					
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate						
	Party Com	nmittee:					
	(d)	This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.					
	Political A	ction Committee (PAC):					
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:					
		Corporation Corporation w/o Capital Stock Labor Organization					
		Membership Organization Trade Association Cooperative					
		In addition, this committee is a Lobbyist/Registrant PAC.					
	(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
		In addition, this committee is a Lobbyist/Registrant PAÇ.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
	Joint Fund	raising Representative:					
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
	(h)	This committee collects contributions, pays fundralsing expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
	Com	mittees Participating in Joint Fundraiser					
	1.						
	2.	FEC ID number C					
	3.	FEC ID number					
	4.						

V	Vrite or Type Committee Name	
6.	Name of Any Connected C	rganization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor
M	lolalel I I I I I	
L		
	Mailing Address	
		<u> </u>
		CITY STATE ZIP CODE
	Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
7.	Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the person in possession of committee
	Full Name	whi.Biaeri.Ragisidalle
	Mailing Address	18,9,0,0, 1B,0,0,0 Rsivide, Girabe, Line
		Moinetti Will 6,5,7,0,8-
	Title or Position	CITY STATE ZIP CODE
	President	Telephone number 4,1,7,-4,4,0,-1,3,7,4
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
	Full Name of Treasurer	raisi Edward Vidimikeri IIIIIIIIIIIII
	Mailing Address	14.9.6.7. Flatin Riolaid 12.013.01
		Monetities MO 6,5,7,98-
	Title or Position	CITY STATE ZIP CODE Telephone number 4117-669-8900

CITY

STATE

ZIP CODE

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FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent

Malling Address

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STREET NO SOUR 11 AUS 2014 PM 21

Rederal Electran Commission 999 E. St. NW Washington D.C. 20463

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